

Work Order ID 100117

April-18-13 9:26:50 AM

ASAP

100117

Page 1

Item ID: 646.3712

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Clip

Start Date: 4/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: MLT Date: 13-04-18

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut 646.3711 as per Dwg

606el .063

Dwg Rev: AProg Rev: A

2-Deburr if necessary

72 0 JM13-4-19

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

12 0 JM13-4-19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Page 2

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00 DAS 27 2-8 B4.19				10			
140 *140* Brake NC Brake NC	Form as per dwg Memo	0.00 0.00				11	1		870 S13/04/13
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 DAS 27 2-8 B4.24				11			

NCR: Yes No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: ATL Date: 13/05/25QA Closed: SK Date: 13/5/23

Work Order: <u>100117</u>	DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. <u>644-3712</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>13-2646</u>		Machining <input type="checkbox"/>	Small Fab <input checked="" type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data				part was scrap out of tolerance at the red up QTY ① R.C process	DAS 16 9-8 Q52042 13/05/22	Scrap & destroy no replace \$24.55	S/s 13/06/23	DAS 27 2-60 13424	Q52042 13/05/22
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General		
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

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Page 3

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Cust Item ID:

Required Date: 4/25/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
160									
Outsource4	Memo	0.00							
Outsource process - Anodize	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
170									
Packaging	Memo	0.00							
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
180									
QC	Memo	0.00							
Quality Control									

13/05/06 (11)

43/0/17 (11)

11

13517

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100117

100117

Page 4

Item ID: 646.3712

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Clip

Start Date: 4/18/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/25/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190									
SprayPaint	Memo	0.00							CD 13/05/06
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								Prime@A.T.G
	BATCH: 125452								
200	QC14- Inspect Spray Paint	0.00							
200									
QC	Memo	0.00							12
Quality Control									
210	Identify as per dwg & Stock Location: 8534	0.00							
210									
Packaging	Memo	0.00							43/0/17
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 100117

100117

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Revision ID:

Stop *NS2*

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Start Date: 4/18/13 Start Qty: 10.00

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Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

13/5/21 [Signature]

MLJ 13-05-13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

April-18-13 9:26:54 AM

Page: 1

Work Order ID: 100117

Parent Item: 646.3712

Parent Item Name: Clip

100117

646.3712

Start Date: 4/18/13

Required Date: 4/25/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.23 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063		Purchased	No			110	sf	220.8625	0.036	0.378947			
									**	0.5		JmB-4-19	

M6061T6S 063

6061-T6 .063 Sheet

Location

Loc Qty

Loc Code

MAT021

220.8625

123135

120.5625

124003

100.3

124003

NCR: Yes / No

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	
--	---	--

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03702

SHEET 1 OF 2

DWG NO. 646.3700

REV: A

PREPARED
BY B. PETERS

DATE: 11/15/12

EFFECT ON DWG
☐ INC. ☒ UNINC.

DWG TITLE: SHEETMETAL

APPROVED BY:

ENGR

MFG

QC

EFF:

NEXT ORDER

TRANSACTION CODES (TC):
A-ADD C-CREATE
R-REVISE D-DELETE

REASON: ADDED ALTERNATE MATERIAL AND REVISED
REFERENCE DIMENSIONS

ECR:

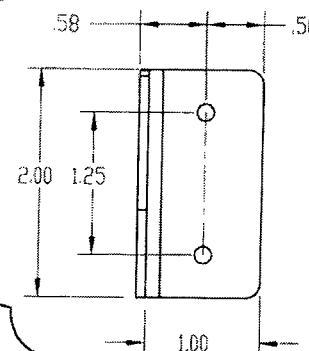
D-12-010

SHEET 1, ZONE A2 IS:

IS

△ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

IS

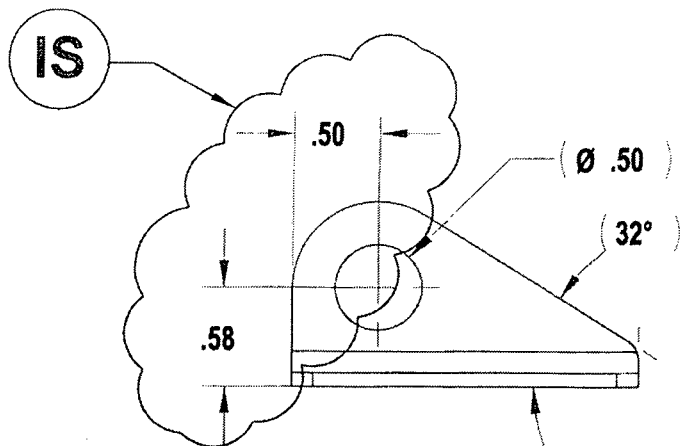


SHEET 7, ZONE B1 IS:

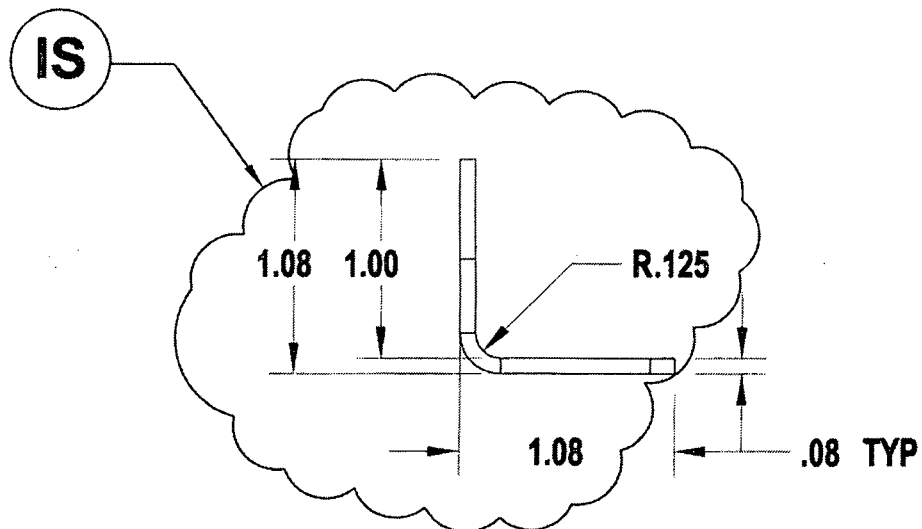
WORK OK
NO. 100117-MLJ
13-04-18

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

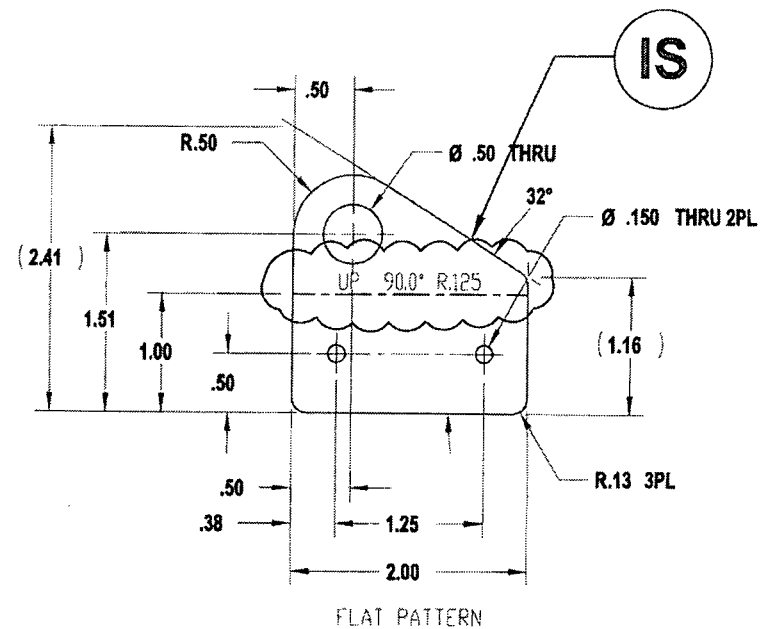
100117



SHEET 7, ZONE C4 IS:



SHEET 7, ZONE D1 IS:



SHEET 7, ZONE B7 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

100117

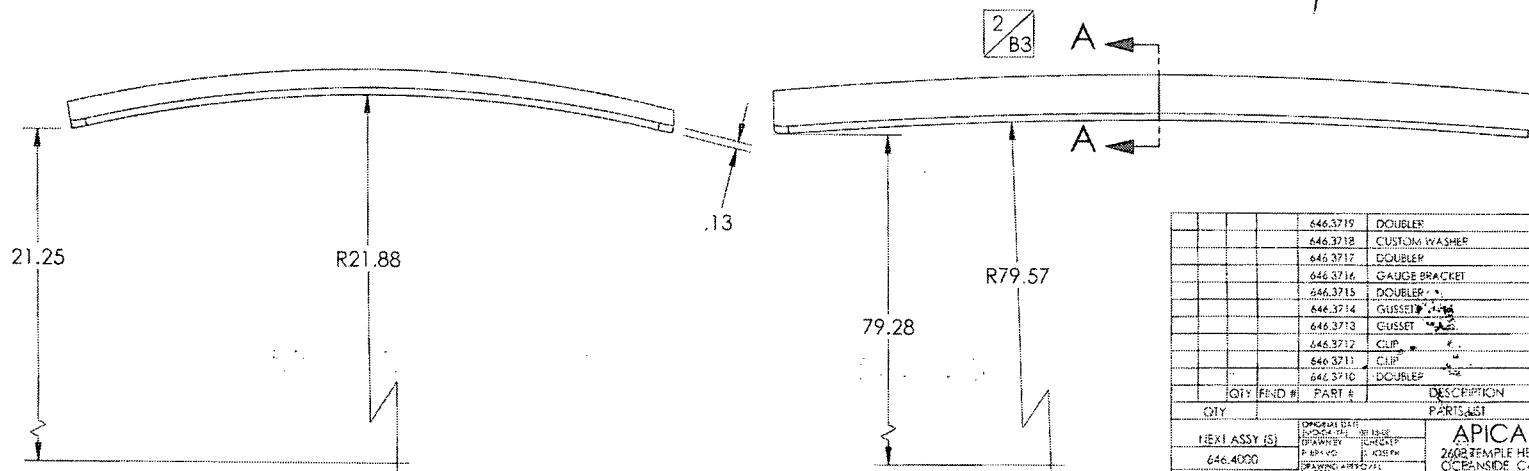
NOTES:

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-CQ-A-250/11
2. FINISH: HARD ANODIZE IAW MIL A-8625 TYPE III, CLASS 2, COLOR BLACK
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900
4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120

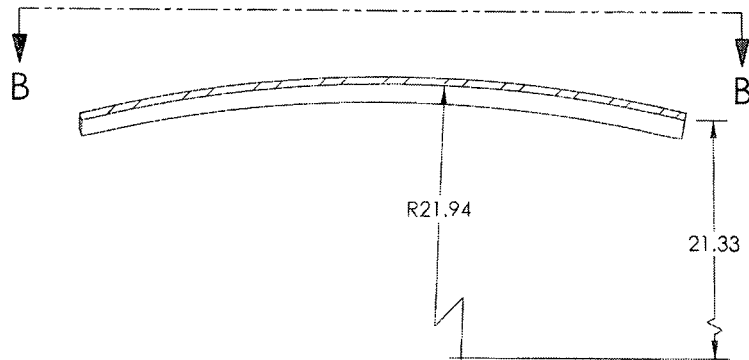
646.3710

UNINCORPORATED ECN(S)

03702



	646.3719	DOUBLE			
	646.3718	CUSTOM WASHER			
	646.3717	DOUBLE			
	646.3716	GAUGE BRACKET			
	646.3715	DOUBLE			
	646.3714	GUSSET			
	646.3713	GUSSET			
	646.3712	CLIP			
	646.3711	CLIP			
	646.3710	DOUBLE			
QTY	END #	PART #	DESCRIPTION	MAT'L	SPEC.
PARTS LIST					
NEXT ASSY IS:					
646.4000					
APICAL INDUSTRIES					
2600 TEMPLE HEIGHTS DR.					
OCEANSIDE CA. 92056-3512 (760) 724-5300					
SHEETMETAL					
REV: 07/2016					
646.3700					
SCALE: NONE					
SHEET 1 OF 9					



SECTION A-A



R.13 4PL

13.51

21.33

R395.138

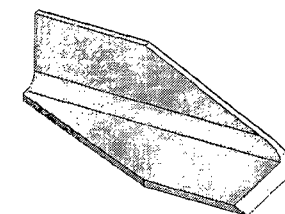
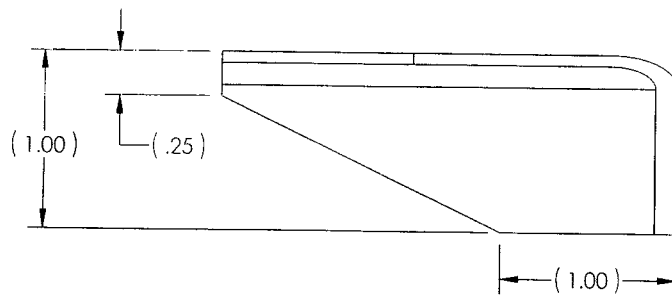
10.49

10.54

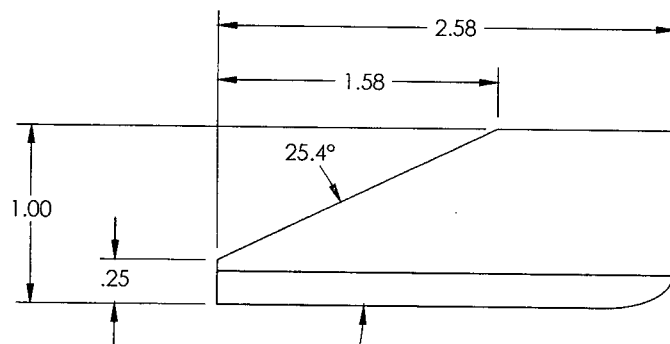
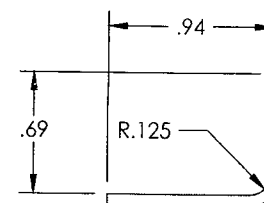
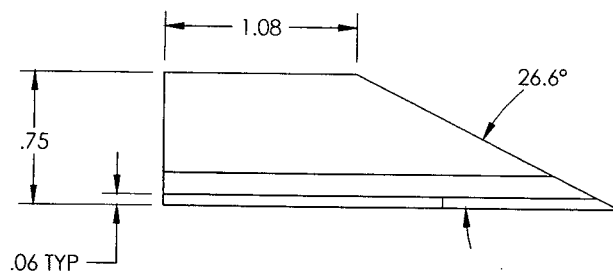
SECTION B-B

ORIGINAL DATE 1/10/01 BY: GJH/01		APICAL INDUSTRIES	
DRAWN BY: JCH/01		2605 TEMPLE HEIGHTS DR.	
P. BY: JCH/01		OCEANSIDE, CA 92056-3512 (760)724-5300	
CHECKED APPROVAT J. JONES		SHEETMETAL	
DATE: 1/10/01		646.3700	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DIMENSIONS ARE TO FACE UNLESS NOTED TOLERANCES ARE FRACTIONS DECIMALS FRACTIONS DECIMALS		SCALE: NONE	SHEET 2 OF 9

100117

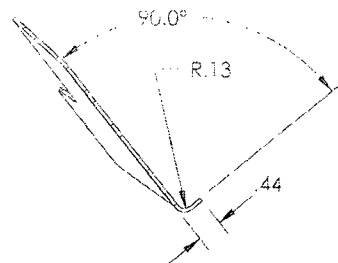
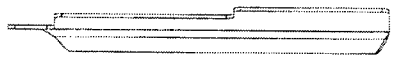


646.3711 SHOWN
646.3712 OPPOSITE



NEXT ASSY (S)	ORIGINAL DATE	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 SHEETMETAL	
	DRAWN BY	J. JOSEPH		
	CHECKED BY	J. JOSEPH		
	DATE	08-18-08		
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°	SIZE	CAGE CODE	REV
		B	07M26	A
		DWG. NO.	646.3700	
		SCALE	NONE	SHEET 3 OF 9

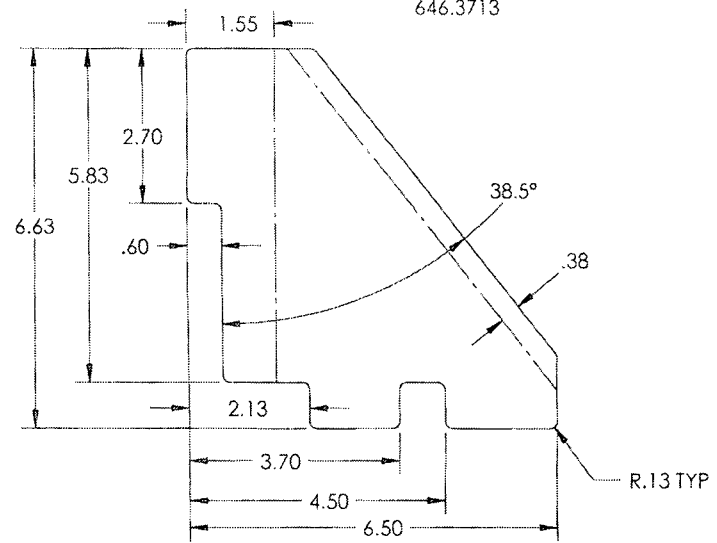
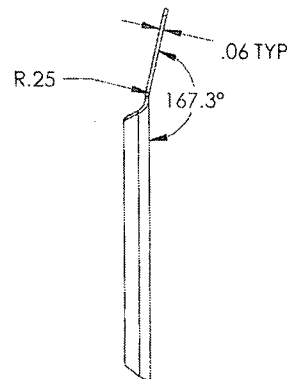
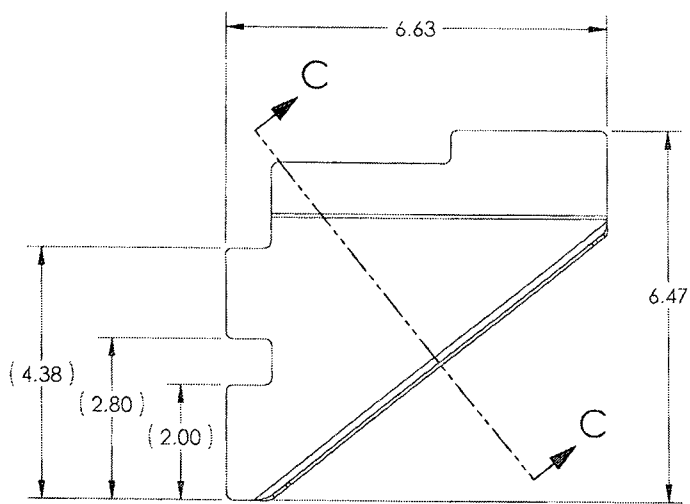
100117



SECTION C-C



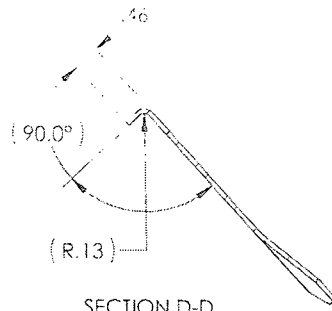
646.3713



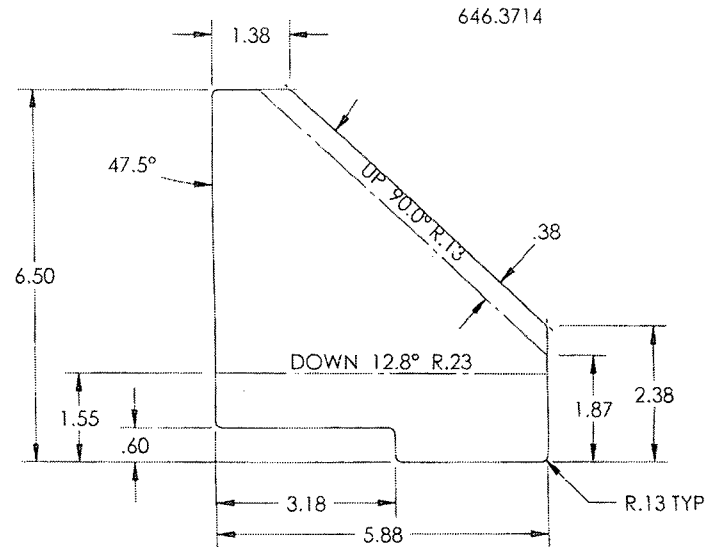
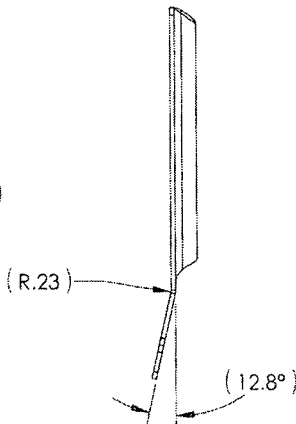
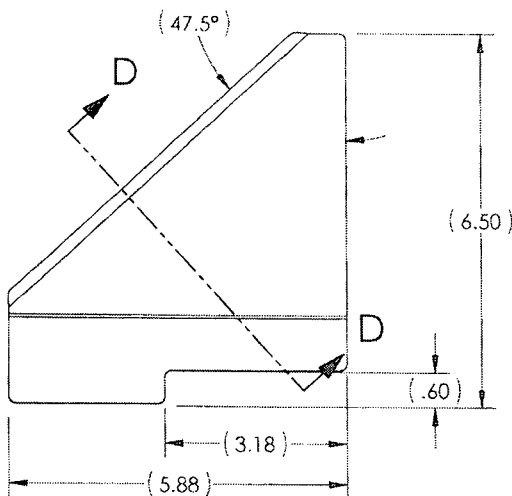
FLAT PATTERN

NEXT ASSY (S)	DESIGNED BY	CB-15-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300	SHEETMETAL 646.3700	SHEET 4 OF 8
	DRAWN BY	3.10.08			
	CHECKED BY	3.10.08			
	DATE	3.10.08			
	UNLESS OTHERWISE SPECIFIED				
	CONTOURS ARE IN INCHES				
	UNLESS OTHERWISE SPECIFIED				
	UNLESS OTHERWISE SPECIFIED				

100117



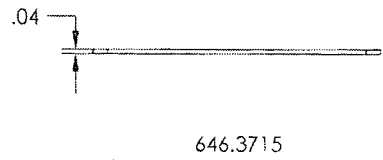
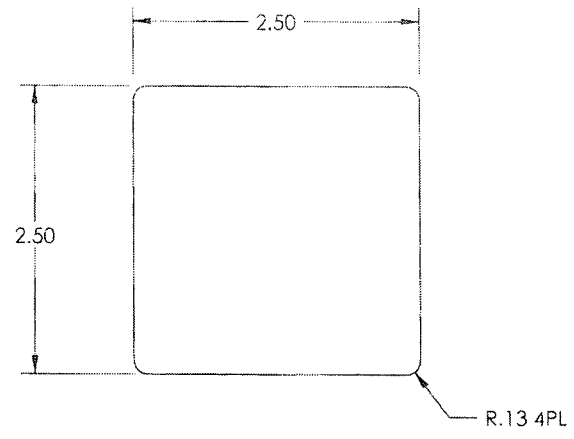
SECTION D-D



FLAT PATTERN

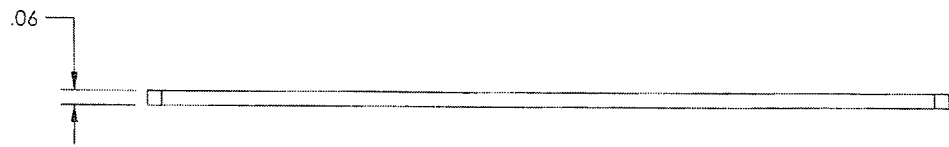
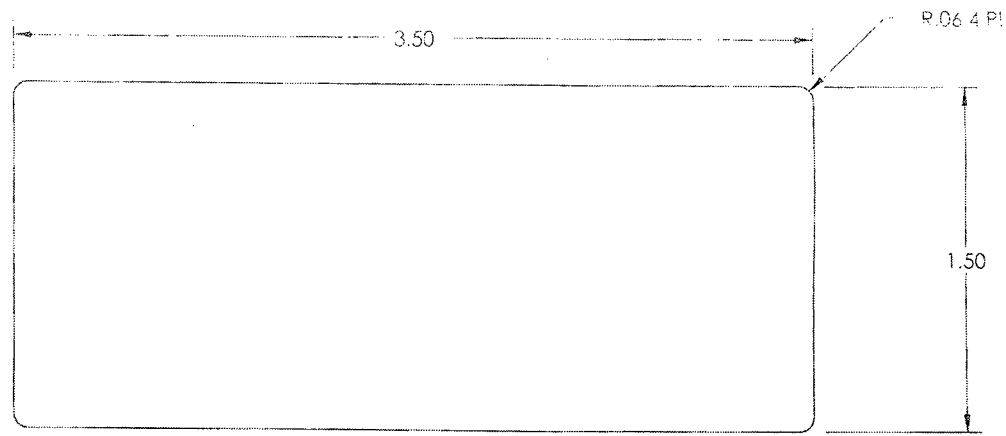
<small> ORIGINAL DATE DESIGNED BY CHECKED BY DRAWN BY DATE SCALE </small>		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-6300	
<small> SHEET METAL PART NO. QUANTITY DATE </small>		SHEETMETAL 646.3700	
<small> SHEET 5 OF 9 </small>		<small> SCALE NONE </small>	

100117
100117



NEXT ASSY [S]	DESIGNED BY	10-18-05	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300	SHEETMETAL	REV
	DRAWN BY	S. JOSEPH			
	DESIGNED APPROVAL				
	DESIGNED C. PRO				
	PARTIAL DIMENSIONS SPECIFIED DIMENSIONS ARE EFFECTIVE DIMENSIONS ARE DIMENSIONS ARE DIMENSIONS ARE DIMENSIONS ARE		SEE FIGURE CODE B 07MM6	DIMS. NO. 646.3700	A
SCALE: NONE			SHEET 6 OF 5		

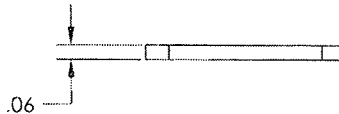
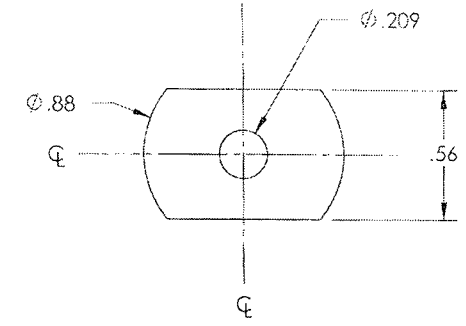
100117



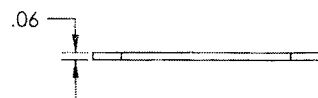
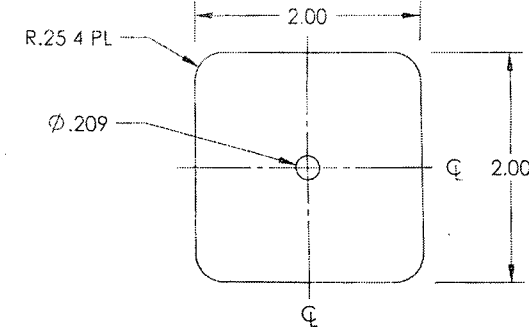
646.3717

NEXT ASSY (S)		ORIGINAL DATE	OR-15-08	APICAL INDUSTRIES	
REV. NO. 10		DATE	08-15-08	2606 TEMPLE HEIGHTS DR.	
DRAWN BY		DESIGNED BY	J. JOHNSON	OCEANSIDE, CA 92056-3512 (760)724-5300	
CHECKED BY		DATE		SHEETMETAL	
APPROVED BY		DATE		646.3700	
PART NO.		DATE		SCALE: NONE	
UNLESS OTHERWISE SPECIFIED		DATE		SHEET 8 OF 2	
DIMENSIONS ARE IN INCHES		DATE			
TOLERANCES ARE		DATE			
FRACTIONS DECIMALS DIPS		DATE			
ANGLES		DATE			

100117



646.3718



646.3719

NEXT ASSY (S)	DESIGNED BY	OB-800	APICAL INDUSTRIES 2609 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300	
	DRAWN BY	LODEP		
	P. REV.	LODEP	SHEETMETAL	
	DATE	10/18/00		
UNITS: DIMENSIONS SPECIFIED		DIMENSIONS ARE IN INCHES		SHEET 2 OF 2
2 PLACE DECIMALS		SCALE: 1:1		



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62386

Date: 17-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 12 PCS 646.3011 17 PCS 646.3410 16 PCS 646.3411 11 PCS 646.3711 11 PCS 646.3712 12 PCS 646.3714 10 PCS 646.3716 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME PER MIL-P-23377J TYPE I CLASS N Job: 20130293	Rev:	Line:
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 17/5/13			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			